



Secretary of State
Elections Division
101 North Carson Street, Suite 3
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Office of the
Secretary of State

Barbara Cegavske

Barbara Cegavske
Elections Division

**State of Nevada
Committee for Political Action
(PAC)
Registration Form
Page 1**

JStokes

3/14/2016 #1340

ABOVE SPACE IS FOR OFFICE USE ONLY

- ☐ New Registration ☐ PAC (Advocating Passage or Defeat of a Ballot Question)
- ☐ Annual (Due on or before January 15th of each year; NRS 294A.230(4)(b))
- ☒ Amended Registration: ☒ Change Officers ☒ Change Registered Agent ☒ Change Address
check all that apply
- ☐ Change Name ☐ Other: Previous Name of PAC

Name of Committee:
North Las Vegas Fire Fighters PAC

Telephone:

Mailing Address:
4040 Losee Road

North Las Vegas
City

NV 89030
State Zip Code

Street Name, Number

PAC Active Email Address:

PURPOSE: Briefly state the purpose for which the PAC was organized.
Political action on behalf of the North Las Vegas Fire Fighters

REGISTERED AGENT: pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent:
Scott M Johnson

Telephone:

702-324-3480

Physical Address:
4040 Losee Road

North Las Vegas
City

NV 89030
State Zip Code

Street Name, Number

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

Date:
March 10, 2016

X

Signature of Registered Agent



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STATE OF NEVADA
**Committee for Political Action
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OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title: _____ Telephone: _____
Scott M Johnson

Mailing Address: _____
4040 Losee Road _____ North Las Vegas NV 89030
Street Name, Number City State Zip Code

Officer Name and Title: _____ Telephone: _____

Mailing Address: _____

Street Name, Number _____ City _____ State Zip Code

Officer Name and Title: _____ Telephone: _____

Mailing Address: _____

Street Name, Number _____ City _____ State Zip Code

Officer Name and Title: _____ Telephone: _____

Mailing Address: _____

Street Name, Number _____ City _____ State Zip Code

AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization: _____ Telephone: _____

Mailing Address: _____

Street Name, Number _____ City _____ State Zip Code

Name of Organization: _____ Telephone: _____

Mailing Address: _____

Street Name, Number _____ City _____ State Zip Code

Name of Organization: _____ Telephone: _____

Mailing Address: _____

Street Name, Number _____ City _____ State Zip Code

SUBMITTED BY:

X

Signature of Representative of Group

Printed Name:
Scott M Johnson

Date:
March 10, 2016

Telephone: _____